

**EL-ATO-134**
**EASA License**

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All questions contained in this form are strictly confidential and will become part of your training record. Please complete all relevant areas in **BLACK** capital letters and provide, if applicable:

- A copy of ID or Passport
- Copies of your Aviation licenses (If applicable)
- A copy of the last three pages of your flying log book (If applicable)

Check the course that you are applied for:

ATPL(A)		CPL/ME/IR(A)		CPL(A)		PPL(A)		SP/MEP(A)		CONVERSION	
IR(A)		FI(A)		CRI(A)		IRI(A)		SP/SEP(A)		ATP(A) Theory	
NQ(A)		FI(A) Refr.*		IR(A) Refr.*		IRI(A) Refr.*		CRI(A) Refr.*		MCC	

\* Refresher Seminar

<b>FAMILY NAME</b>			
<b>FIRST NAME (S)</b>			
<b>FATHER's NAME</b>			
<b>MOTHER's NAME</b>			
<b>FULL ADDRESS</b>			
<b>City and ZIP Code</b>			
<b>COUNTRY</b>		<b>VAT Number</b>	

**Affix Passport Size  
Photo Here**

CONTACT INFORMATION	
<b>Mobile telephone No</b>	
<b>Emergency phone No (Name &amp; Relation)</b>	
<b>Greek telephone No</b>	
<b>Email</b>	
<b>Facebook (If any)</b>	
<b>SKYPE (If any)</b>	

**Any Other Info**

PERSONAL DETAILS			
<b>Place and Country of Birth</b>		<b>Date of Birth</b>	
<b>Nationality</b>		<b>Marital Status</b>	
<b>Passport or ID No</b>		<b>Academic Background (Y/N)</b>	
<b>Country of issue</b>		<b>Aviation Background (Y/N)</b>	
<b>Date of Issue</b>		<b>Other Courses Qualifications (Y/N)</b>	
<b>Expiry Date</b>			

### FLYING EXPERIENCE

Pilot License (Y/N)		Number of Pilot License		EASA License		Non EASA License	
Pilot License Country Issue			Medical Certification (Y/N)		Medical Certif. Expiry Date		
Total Fixed Wing Airplanes Hrs		Total P2 & P2 U/T Hours		Has your licence ever been revoked? (Y/N)*			
Total Rotary Wing airplanes Hrs		Total Multi Eng. airplanes Hrs		Have you ever been grounded for medical reasons? (Y/N)*			
Total Civil airplanes Hrs		Total Turbo Prop airplanes Hrs		Any accidents, incidents or aviation investigation? (Y/N)*			
Total Military airplanes Hrs		Total, Jet airplanes Hrs		Specify Type and Ratings in License			
Total P1 & P1 U/S		Other Specify					

\* If YES, please give more details in the " ANY OTHER INFO " box.

### ACADEMIC BACKGROUND

SCHOOL/COLLEGE/UNIVERCITY	DATES		SUBJECT COMPLETED
	FROM	TO	

### PERSONAL INTERESTS

Please give details of any interests, hobbies or sports.	
Where did you hear about Olympus Aviation ?	

All the information contained herein will be included in an automated file and will be treated strictly as private and confidential and used solely for selection purposes. Olympus Aviation guarantees you access to changes, updates or cancellations any of the information contained herein.

The undersigned confirms that all information provided by him or her in this form is correct.

Registered Date: .....

Signature: .....

#### OFFICE USE ONLY: Approved for Training

**APPROVED BY (Name/Signature/Stamp):**

Accountable Manager.....

Date of Signature .....

Course Start Date: .....